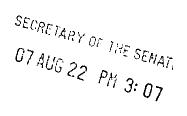
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



05/01/2007

LOBBYING REGISTRATION Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an A	Amended Registration			1. Effecti	ve Date of Registration	05/01/2007	
2. House Identification Number 39490			Senate Ident		lentification Number	ification Number	
REGISTRAN			_				
3. Registrant nan	ne Tho	mpson Advis	ory Grou	<u> </u>	,		
Address 1401	K Street NW, Suite	900	.,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	(4)	
City Was	hington	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	State D	C	Zip 20005	USA	
4. Principal place	e of business (if diffe		3)				
City			State		Zip	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5. Telephone nur	nber and contact nam		11-4		······································		
202.5	58.5990 (Contact Mr.	Robert	Thompson	E-mail rthompson@thom	psonadvisory.com	
	iption of registrant's l siness Consulting	business or ac	tivities				
	ed "Self" and proceed to line			h client. Organ	izations employing in-house lobbyi	sts should check the bo.	
Address 1150) 18th Street NW, Su	ite 250					
City Was	hinaton		State D	С	Zip 20036	US	
.,	e of business (if diffe	rent than line			100000000000000000000000000000000000000		
City			State		Zip		
9. General descr Software	ription of client's busi	ness or activi	ties				
section has ser	rved as a "covered exec	cutive branch of	fficial" or	"covered leg position(s) ii	or the client identified on line islative branch official" with in which the person served. overed Official Position (if a	in two years of firs	
Robert	Thompson						
Julie	Scott Allen					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Marsha	Simon						
James	Duchesne					,	
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Page 1

Printed Name and Title

Robert Thompson, Chairman

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Registrant Name	visory Group	Client Name LexisNexis		
ADDITIONAL LOB 0 Supplemental. List any ac		nt not listed on page 1, number 10 Covered Official F	osition (if applicable)	
ADDITIONAL LOB 1 Supplemental. General lo	BBYING ISSUES obbying issue areas. Enter any	additional codes for issues not lis	ted on page 2, number 11.	
AFFILIATED ORG	ANIZATIONS			
3 Supplemental. List any	other affiliated organization the	nat meets the criteria specified and	l is not listed on page 2, num	
Name		Address	Principal place of Busing (city and state or count	
ADDITIONAL FOR 14 Supplemental. List any c		the criteria specified and is not lis	ted on page 2, number 14.	
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities per	
Signature Document digital	lly signed on Page 2.	Date _	8/14/2007	
Printed Name and Title	Robert Thompson, Chairr	man		